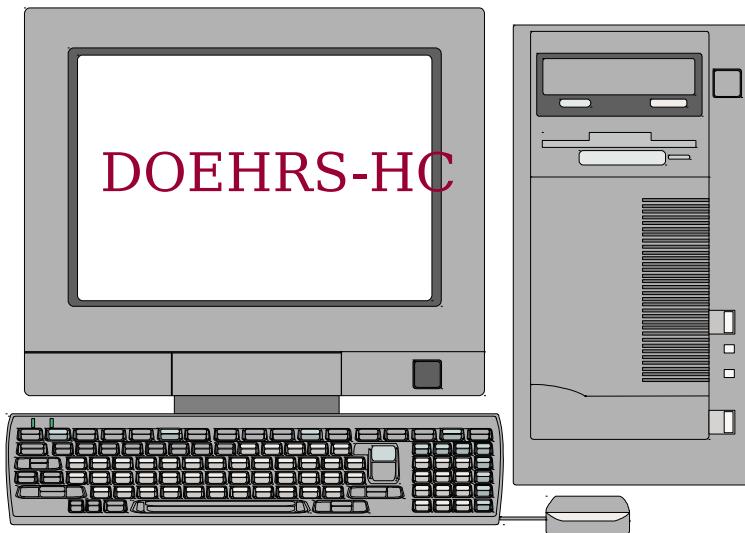


DOEHRS-HC

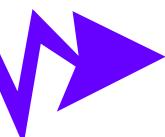
v3.2.13

Completing a DD 2215 Reference Hearing Test





DOEHRS-HC Foreground



iew How to Get Started

- Add CCA-200

- Add DOEHRS-HC

- Complete a Functional Check

- Complete a DD 2217

- Biological Calibration Check

- Transfer Biological Cal Test to DOEHRS-HC
- Clear Biological Cal Test from CCA-₂



DD 2215 Reference Hearing Test Requirements

- ✓ At Least 14 Hours Noise Free
- ✓ Initial Baseline Preferably Obtained Prior to N Exposure
- ✓ Good Listener Preparation

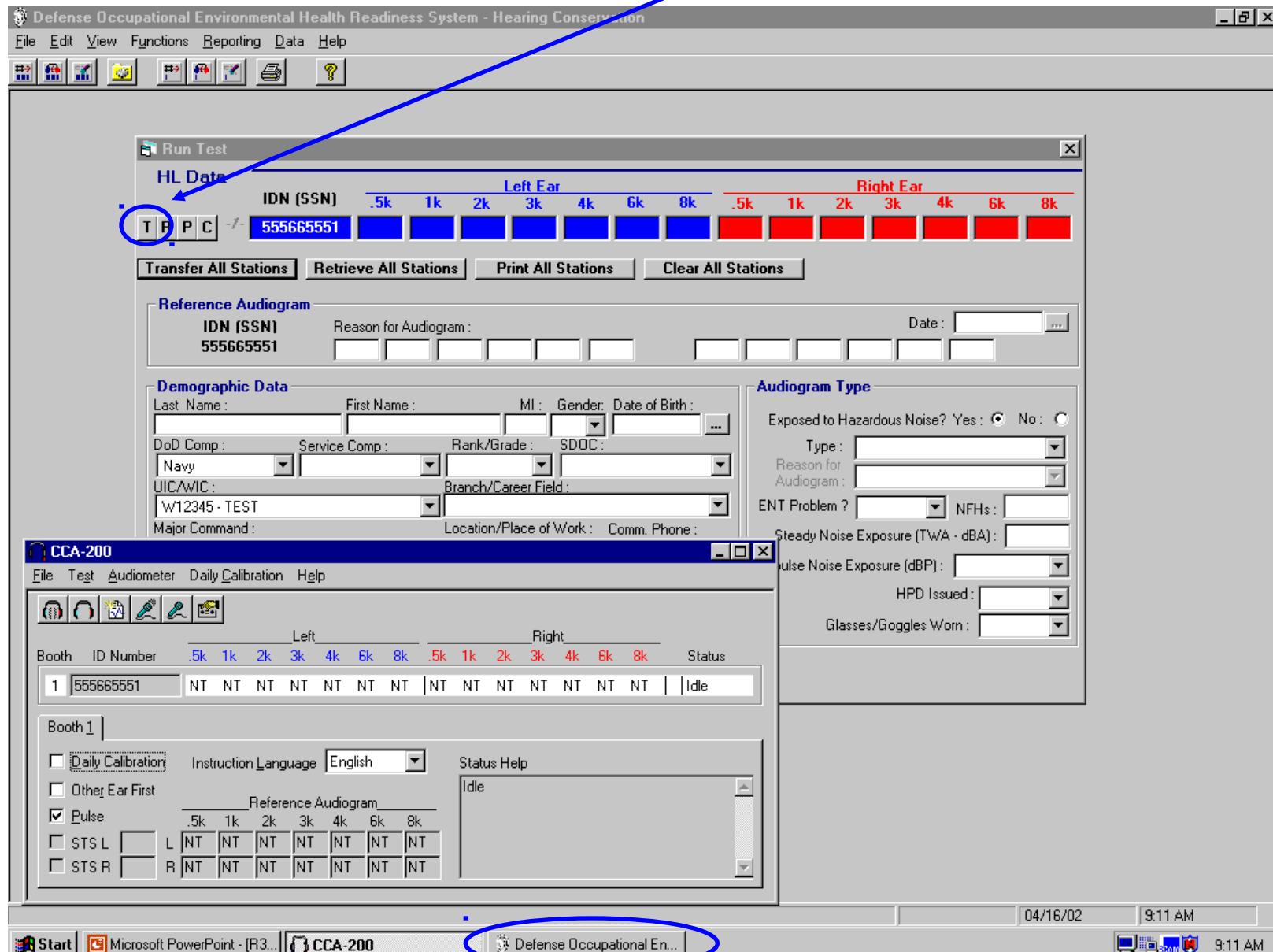


Steps for Completing a DD

2215

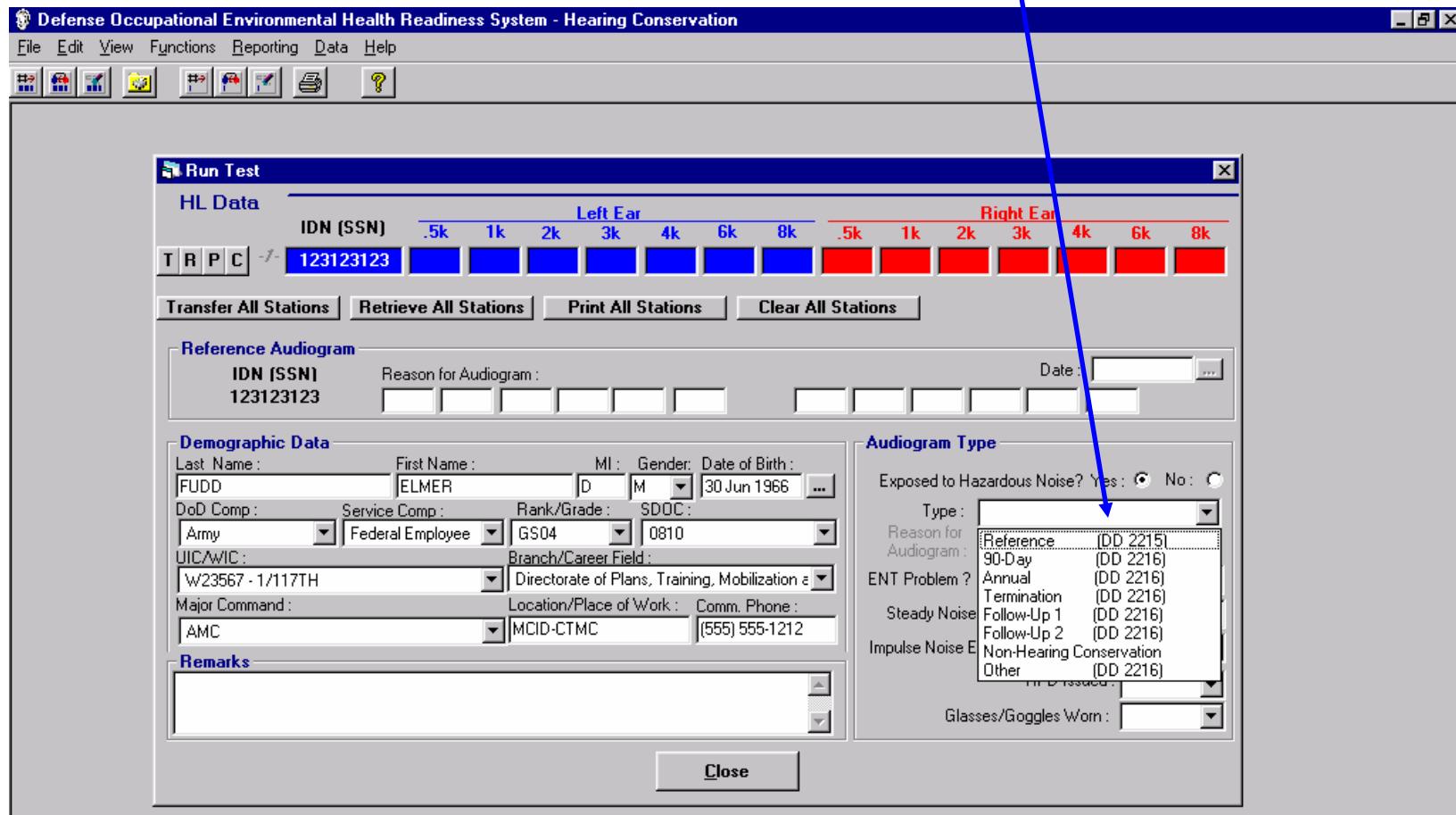
1. Prepare Patient for Testing (Includes Obtaining Their Demographic Data)
2. Enter the Patient's IDN in DOEHRS-HC & Transfer It to the CCA-200
3. Start the Test in the CCA-200
4. Enter/Update Patient Demographic, Test Type & HPD Data
5. Monitor the Test Progress in the CCA-200
6. Retrieve the Results from the CCA-200
7. Add Remarks, if Applicable
8. Print the Test and Print the Referral, if Applicable
9. Clear Test Results from DOEHRS-HC and the CCA-200

Enter Patient's IDN in DOEHRS-HC and Transfer It to the CCA-200



Then, click here or on the DOEHRHS-HC screen to go back and enter

Hit Enter, fill in Demographic Data, then click Reference for Audiogram Type



Defense Occupational Environmental Health Readiness System - Hearing Conservation

File Edit View Functions Reporting Data Help

Run Test

HL Data

IDN (SSN) .5k 1k 2k 3k 4k 6k 8k .5k 1k 2k 3k 4k 6k 8k

T R P C 123123123

Transfer All Stations Retrieve All Stations Print All Stations Clear All Stations

Reference Audiogram

IDN (SSN) Reason for Audiogram : Date :

123123123

Demographic Data

Last Name : First Name : MI : Gender: Date of Birth :
FUDD ELMER D M 30 Jun 1966

DoD Comp : Service Comp : Rank/Grade : SDOC:
Army Federal Employee GS04 0810

UIC/WIC : Branch/Career Field :
W23567 - 1/117TH Directorate of Plans, Training, Mobilization &...

Major Command : Location/Place of Work : Comm. Phone :
AMC MCID-CTMC (555) 555-1212

Audiogram Type

Exposed to Hazardous Noise? Yes: No:

Type: Reference (DD 2215)

Reason for Audiogram: Following Exposure in Noise Duties

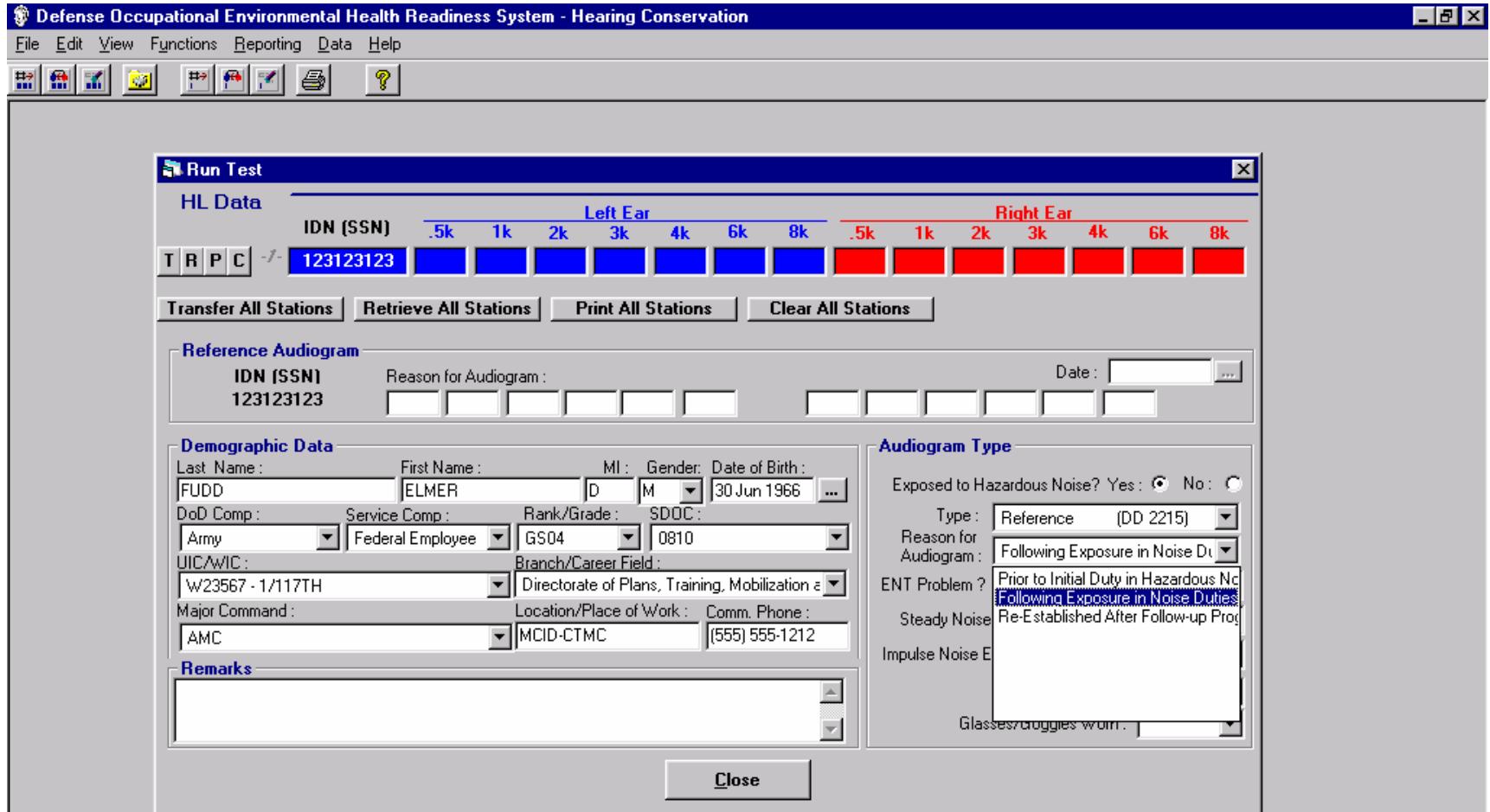
ENT Problem?: Prior to Initial Duty in Hazardous Nc
Following Exposure in Noise Duties
Steady Noise
Re-Established After Follow-up Prog

Impulse Noise E

Glasses/cruggles w/ ear.

Remarks

Close



Preferably, the test will be done before the person goes in the noise-hazardous area but “Following Exposure” is the default

At least 14 noise-free hours are required before a DD 2215 test

HL Data

IDN (SSN)	.5k	1k	2k	3k	4k	6k	8k	Left Ear				Right Ear			
T R P C	-/-	123123123	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	

Transfer All Stations **Retrieve All Stations** **Print All Stations** **Clear All Stations**

Reference Audiogram

IDN (SSN) 123123123	Reason for Audiogram :	Date : <input type="text"/>
████████████████		████████████████

Demographic Data

Last Name : FUDD	First Name : ELMER	MI : D	Gender : M	Date of Birth : 30 Jun 1966
DoD Comp : Army	Service Comp : Federal Employee	Rank/Grade : GS04	0810	SDOC : 0810
UIC/WIC : W23567 - 1/117TH	Branch/Career Field : Directorate of Plans, Training, Mobilization and Personnel			
Major Command :	Location/Place of Work : Comm. Phone :			

Audiogram Type

Exposed to Hazardous Noise? Yes: No:

Type: Reference (DD 2215) Reason for Audiogram: Following Exposure in Noise Duration:

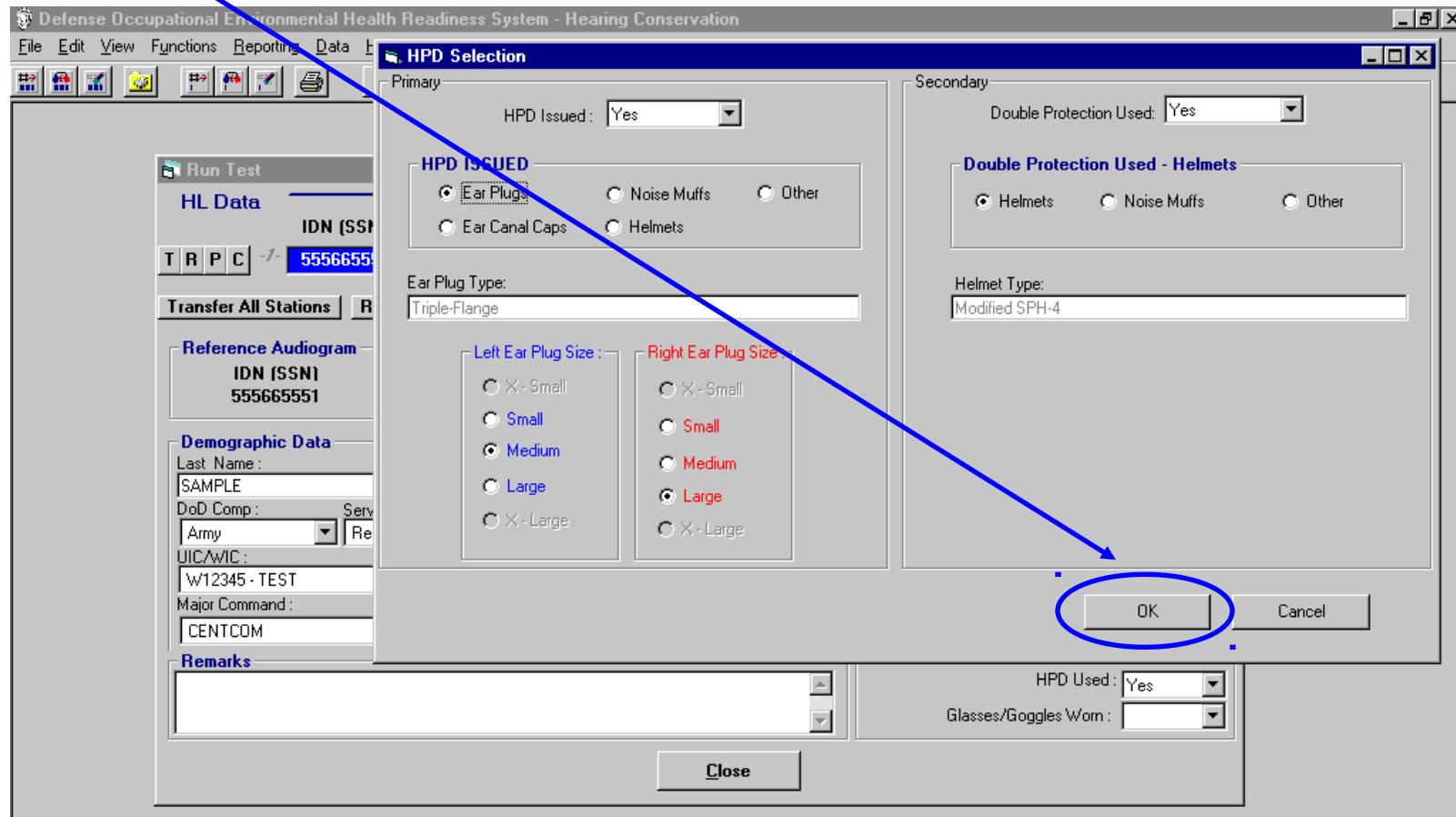
ENT Problem? No NFHs: 14 Steady Noise Exposure (TWA - dBA):

Impulse Noise Exposure (dBp): HPD Issued: Glasses/Goggles Worn:

You should not perform a DD 2215 if the person has an ENT problem

If you know the person's noise-exposure levels, enter them, otherwise, leave these blocks blank

If "Yes" is selected for HPD Issued, the HPD Selection window opens
Select the type used, size (if applicable), if Double Protection is used
Click OK



Defense Occupational Environmental Health Readiness System - Hearing Conservation

File Edit View Functions Reporting Data Help

?

Run Test

HL Data

		Left Ear								Right Ear							
		.5k	1k	2k	3k	4k	6k	8k	.5k	1k	2k	3k	4k	6k	8k		
T	R	P	C	1	123123123												

Transfer All Stations | Retrieve All Stations | Print All Stations | Clear All Stations

Reference Audiogram

IDN (SSN)	Reason for Audiogram :	Date :
123123123		

Demographic Data

Last Name:	First Name:	MI:	Gender:	Date of Birth:
FUDD	ELMER	D	M	30 Jun 1966
DoD Comp:	Service Comp:	Rank/Grade:	SDOC:	
Army	Federal Employee	GS04	0810	
UIC/WIC:	Branch/Career Field:			
W23567 - 1/117TH	Directorate of Plans, Training, Mobilization & Personnel			
Major Command:	Location/Place of Work:	Comm. Phone:		
AMC	MCID-CTMC	(555) 555-1212		

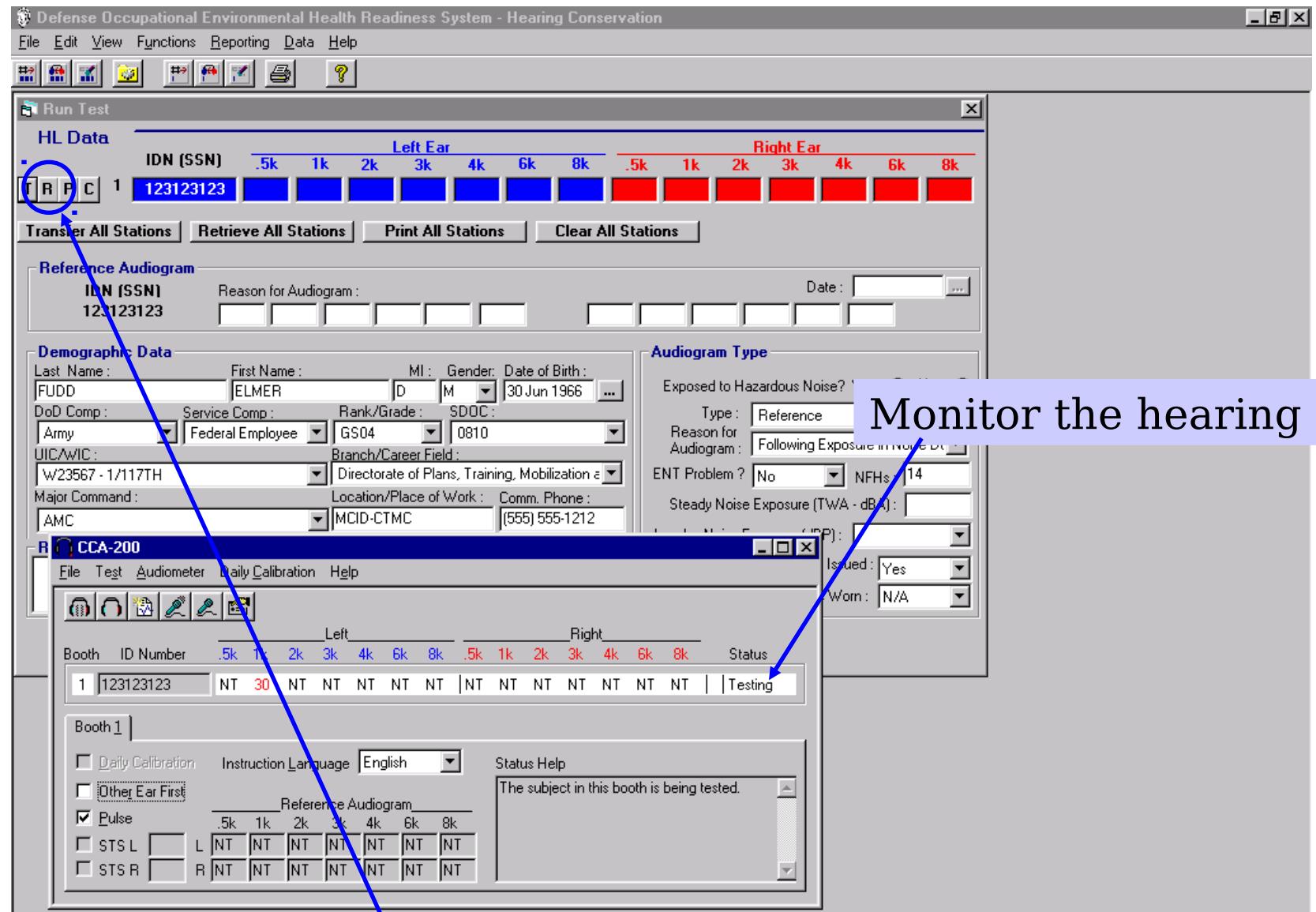
Audiogram Type

Exposed to Hazardous Noise? Yes: <input checked="" type="radio"/> No: <input type="radio"/>
Type: Reference (DD 2215)
Reason for Audiogram: Following Exposure in Noise Duty
ENT Problem? No NFHs: 14
Steady Noise Exposure (TWA - dBA):
Impulse Noise Exposure (dB):
HPD Issued: Yes
Glasses/Goggles Worn: N/A
Always Seldom N/A

Remarks

Close

**Pick Always,
Sometimes or N/A**



When the test is finished, Retrieve the results from the CCA-200



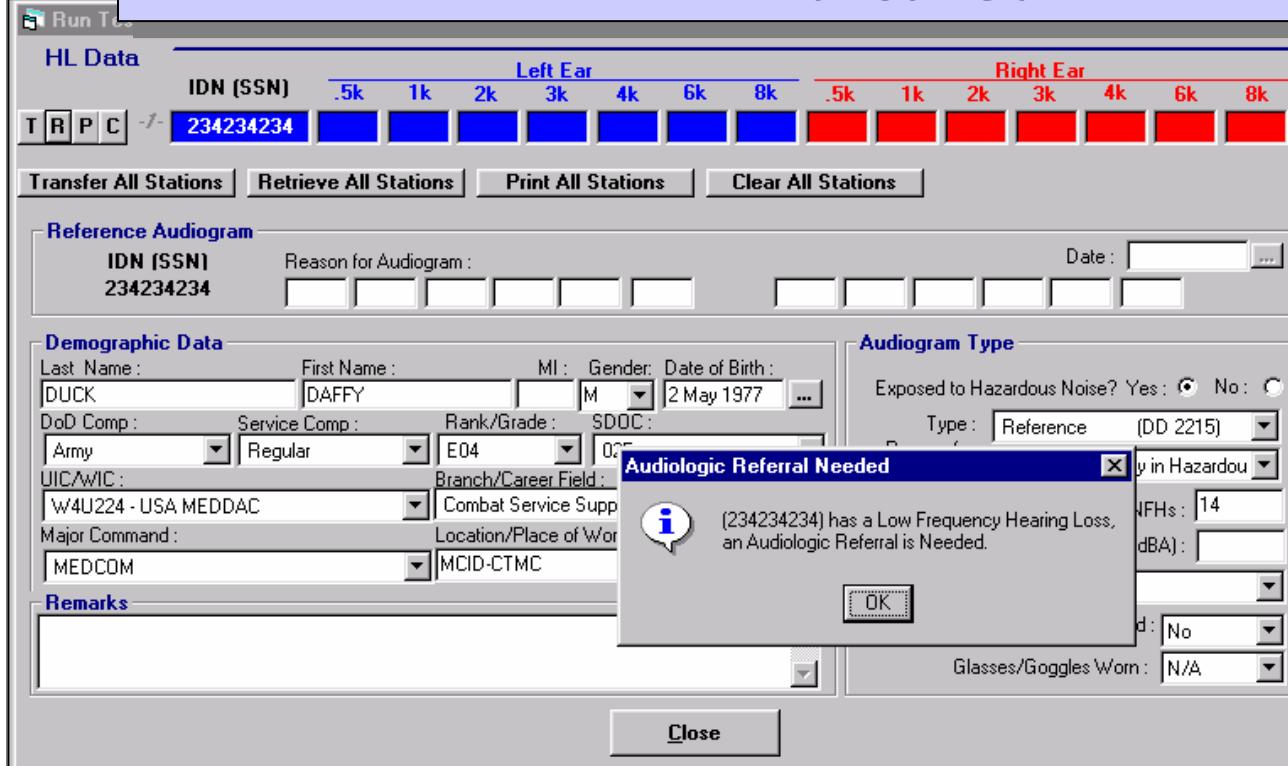
DOEHRS-HC Checks

After DOEHRS-HC Retrieves the Thresholds from the CCA-200 Automatic Checks for Test Validity are Completed

Referrals are Generated for:

- Low-Frequency Hearing Loss
(Average Thresholds >25 at 500, 1000 and 2000 Hz)
- High-Frequency Hearing Loss
(Thresholds >55 at 3000, 4000 or 6000 Hz)
- If Masking is Required
- Asymmetrical Hearing Loss

Messages are displayed when referrals are indicated



**Low Frequency Hearing Loss
Thresholds >25dB at 500, 1000 or
2000 Hz**

Defense Occupational Environmental Health Readiness System - Hearing Conservation

File Edit View Functions Reporting Data Help

Run Test

HL Data

IDN (SSN)	.5k	1k	2k	3k	4k	6k	8k	Left Ear				Right Ear			
T R P C -/-	234234234	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	██████	

Transfer All Stations Retrieve All Stations Print All Stations Clear All Stations

Reference Audiogram

IDN (SSN) 234234234	Reason for Audiogram:	Date:
<input type="button" value=""/>		

Demographic Data

Last Name: DUCK	First Name: DAFFY	MI: M	Gender: Male	Date of Birth: 2 May 1977
DoD Comp: Army	Service Comp: Regular	Rank/Grade: E04	SDOC: 000	
UIC/WIC: W4U224 - USA MEDDAC	Branch/Career Field: Combat Service Support			
Major Command: MEDCOM	Location/Place of Work: MCID-CTMC			

Audiogram Type

Exposed to Hazardous Noise? Yes: No:

Type: Reference (DD 2215)

(234234234) has a High Frequency Hearing Loss.
An Audiologic Referral is Needed.

OK

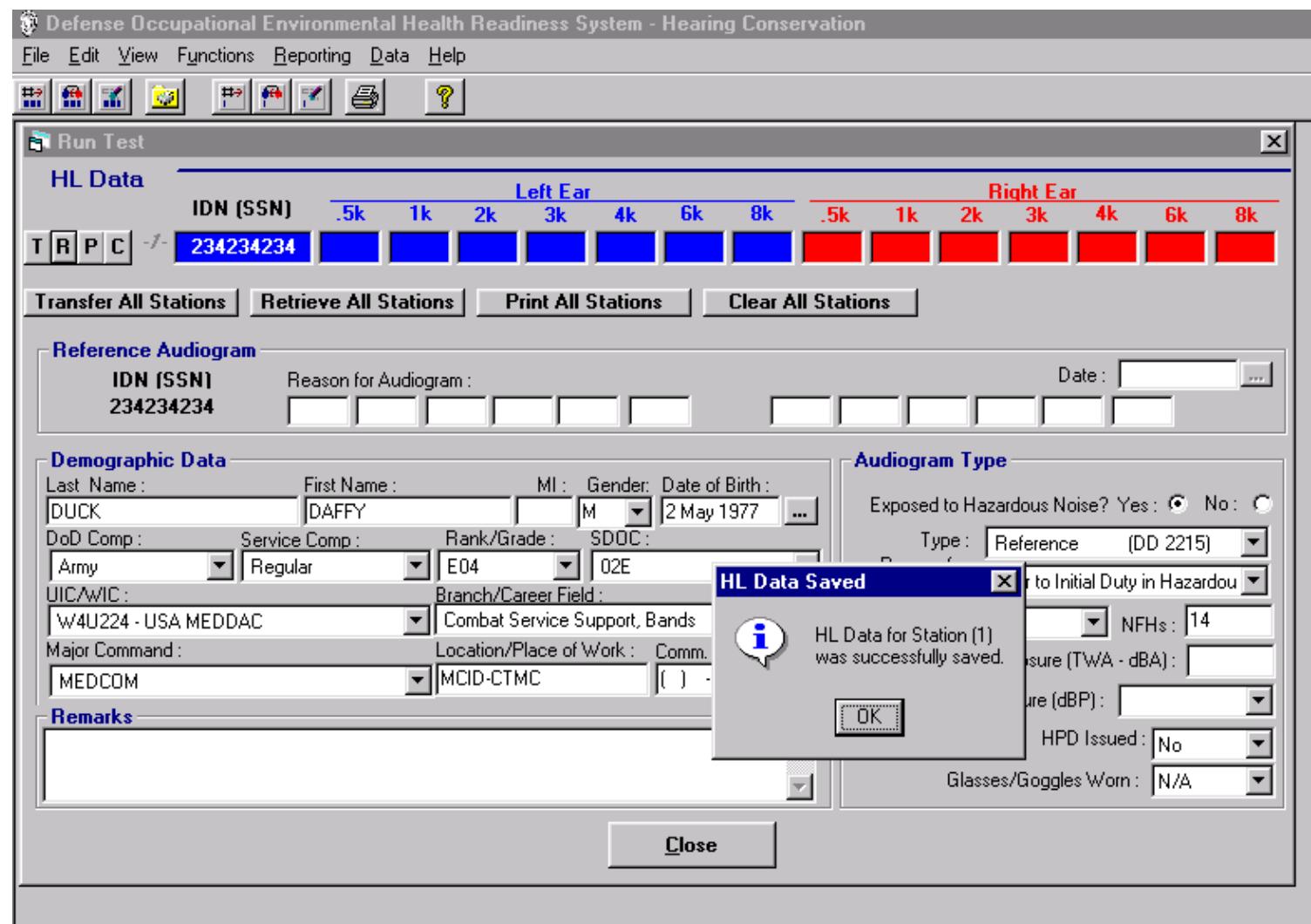
Audiologic Referral Needed

Glasses/Goggles Worn: N/A

Close

**High Frequency Hearing Loss
Thresholds >55dB at 3000, 4000 or 6000 Hz**

DOEHRHS-HC Indicates when Test Results are Saved



Defense Occupational Environmental Health Readiness System - Hearing Conservation

File Edit View Functions Reporting Data Help

Run Test HL Data IDN (SSN) T R P C 234234 Transfer All Stations Reference Audiogram IDN (SSN) 234234234 Demographic Data Last Name: DUCK DoD Comp: Army UIC/WIC: W4U224 - USA MEDDAC Major Command: MEDCOM Remarks Routinely Noise Exposed, S Hearing Loss, Low Freq. He

Disposition/Referral

File Find Referral Help

Name: DUCK, DAFFY IDN (SSN): 234234234
Referral Date: 25 Apr 2002 Test Date: 25 Apr 2002
Rank/Grade: E04 SDOC: 02E
Work Address: W4U224 Phone: () - -

Reason for Referral

Positive STS DD 2215 - Low-Frequency Loss Medical Referral Other
 Asymmetrical Hearing Loss DD 2215 - High-Frequency Loss Fitness and Risk Evaluation Masking Required
 Invalid Test HPD Difficulty

Results

Provisional Diagnosis:
 Noise - Induced Sensorineural HL Mixed HL Tinnitus
 Conductive HL - Chronic Sensorineural HL Pending Further Evaluation
 Conductive HL - Resolved Retrocochlear HL Other

Recommendations

Return to Duty, No Restrictions Further Follow-up Recommended
 Return to Duty, Restrictions as Indicated
 Remove from Hazardous Noise - Temporary
 Remove from Hazardous Noise - Permanent
 Re-establish Reference Audiogram
 Re-fit and counsel re : HPD Other

Remarks

When applicable, a referral is automatically generated Click File>Print to print the referral

Defense Occupational Environmental Health Readiness System - Hearing Conservation - [SF600E_F.rpt]

File Edit View Functions Reporting Data Help

Preview

234234234

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION		(Sign each entry)
04/25/02	HEARING CONSERVATION DISPOSITION		
	Name : DUCK, DAFFY	SSN : 234234234	
	Referral Date : 04/25/02 12:02:25PM	Test Date : 25 Apr 2002	
	Rank/Grade : E04	Service Duty/Occupation Code : 02E	
	Work Address : 11050 MT BELVEDERE BLVD FT NY	Phone : () - - - -	
Reason for Referral :			
<input checked="" type="checkbox"/> Positive STS <input type="checkbox"/> Masking Required			
<input type="checkbox"/> Asymmetrical Hearing Loss <input type="checkbox"/> Medical Referral			
<input type="checkbox"/> Invalid Test <input type="checkbox"/> Fitness and Risk Evaluation			
<input type="checkbox"/> DD 2215 - Low-Frequency Loss <input checked="" type="checkbox"/> HPD Difficulty			
<input type="checkbox"/> DD 2215 - High-Frequency Loss <input type="checkbox"/> Other: 0			
Results (Assigned by Audiologist, ENT or Physician):			
<input type="checkbox"/> Throats: Provisional Diagnosis:			
<input type="checkbox"/> Pending Further Evaluation <input type="checkbox"/> Noise - Induced Sensorineural Hearing Loss			
<input type="checkbox"/> Other: <input type="checkbox"/> Conductive Hearing Loss - Chronic			
<input type="checkbox"/> <input type="checkbox"/> Conductive Hearing Loss - Resolved			
<input type="checkbox"/> <input type="checkbox"/> Mixed Hearing Loss			

A print preview will appear, if print preview is turned on
Click the Print icon to print the referral

After the Results have been Retrieved the "Add Remarks" Button Appears on Screen

Defense Occupational Environmental Health Readiness System - Hearing Conservation

File Edit View Functions Reporting Data Help

?

Run Test

HL Data

	Left Ear						Right Ear								
IDN (SSN)	.5k	1k	2k	3k	4k	6k	8k	.5k	1k	2k	3k	4k	6k	8k	
T R P C	555665551	65	65	65	70	70	75	NT	65	65	65	65	70	70	NT

Transfer All Stations **Retrieve All Stations** **Print All Stations** **Clear All Stations**

Reference Audiogram

IDN (SSN)	Reason for Audiogram :	Date : 12 Dec 1985
555665551	5M 5M 5M 5M 5M 5M	5M 5M 5M 5M 5M 5M

Demographic Data

Last Name : SAMPLE	First Name : TRAINING	MI : M	Gender: M	Date of Birth : 10 Oct 1965
DoD Comp : Army	Service Comp : Regular	Rank/Grade : E06	SDOC : 51B	
UIC/wIC : W12345 - TEST	Branch/Career Field : Combat Arms, General Engineering			
Major Command : CENTCOM	Location/Place of Work : TESTING LOCATION	Comm. Phone : (888) 888-8888		

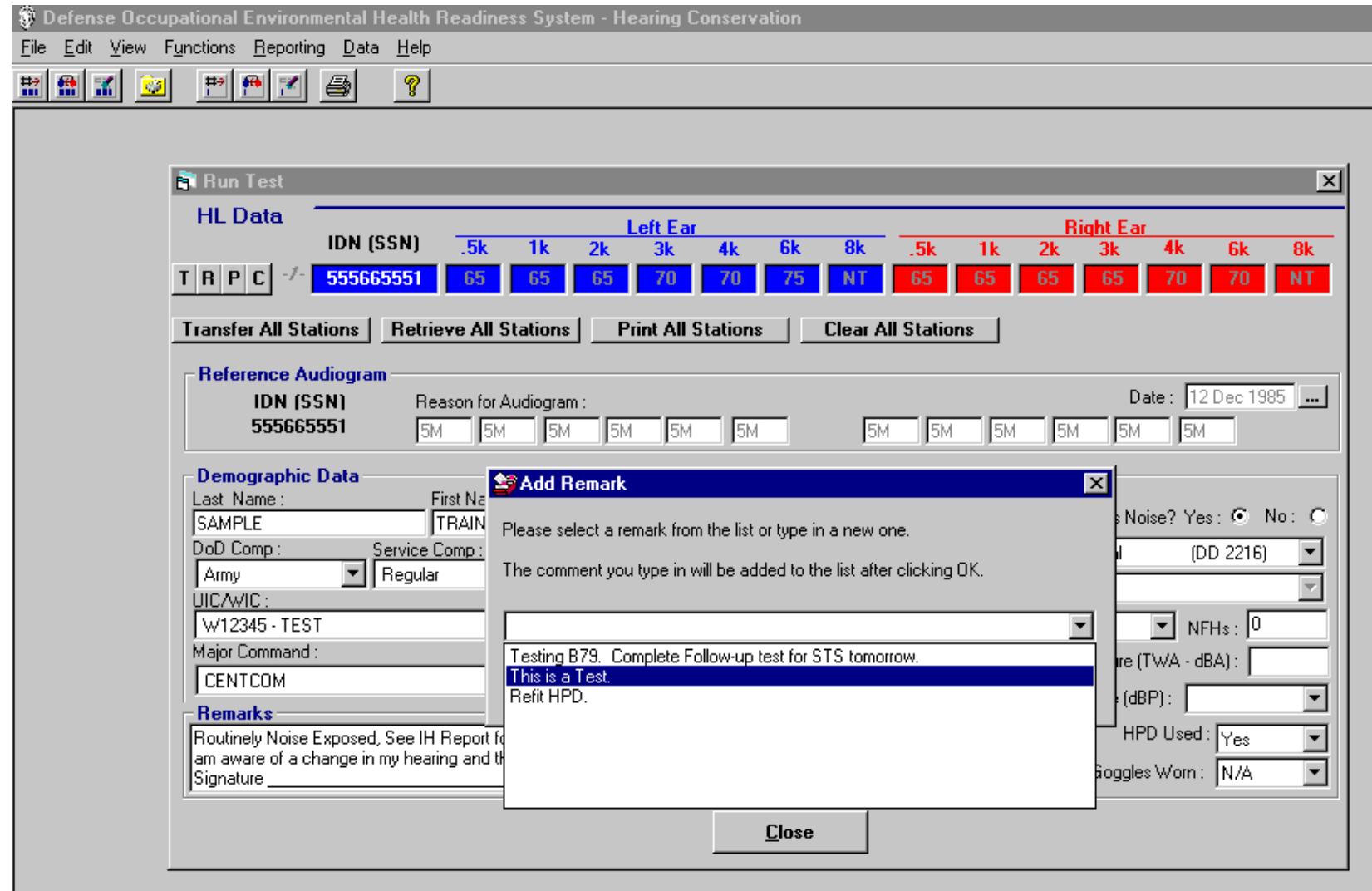
Remarks

Routinely Noise Exposed, See IH Report for Noise Levels, >H-2, Positive STS, I am aware of a change in my hearing and the need to return for further follow-up, Signature _____, OSHA Reportable Hearing Loss

Audiogram Type

Exposed to Hazardous Noise? Yes: No:
Type : Annual (DD 2216)
Reason for Audiogram :
ENT Problem? No NFHs: 0
Steady Noise Exposure (TWA - dBA):
Impulse Noise Exposure (dBp):
HPD Used: Yes
Glasses/Goggles Worn: N/A

Select the Remarks You Would Like to Add, and/or Type in New Remarks



The Remarks You Selected are Added to the DD 2215

Defense Occupational Environmental Health Readiness System - Hearing Conservation

File Edit View Functions Reporting Data Help

Run Test

HL Data

IDN (SSN)			Left Ear				Right Ear										
T	R	P	.5k	1k	2k	3k	4k	6k	8k	.5k	1k	2k	3k	4k	6k	8k	
5	5	5	555165551	65	65	65	70	70	75	NT	65	65	65	65	70	70	NT

Transfer All Stations | Retrieve All Stations | Print All Stations | Clear All Stations

Reference Audiogram

IDN (SSN)	Reason for Audiogram :	Date : 12 Dec 1985
555665551	5M 5M 5M 5M 5M 5M	5M 5M 5M 5M 5M 5M

Demographic Data

Last Name :	First Name :	MI :	Gender:	Date of Birth :
SAMPLE	TRAINING	M	M	10 Oct 1965
DoD Comp :	Service Comp :	Rank/Grade :	SDOC:	
Army	Regula	E06	51B	
UIC/WIC :	Branch/Career Field :			
W12345 - TEST	Combat Arms, General Engineering			
Major Command :	Location/Place of Work : Comm. Phone :			
CENTCOM	(888) 888-8888			

Remarks

I am aware of a change in my hearing and the need to return for further follow-up.
Signature _____, OSHA Reportable Hearing Loss _____
Left and Right Ear(s). This is a Test. Refit HPD.

Audiogram Type

Exposed to Hazardous Noise? Yes: No:

Type: Annual (DD 2216)

Reason for Audiogram :

ENT Problem ? No NFHs: 0

Steady Noise Exposure (TWA - dBA) :

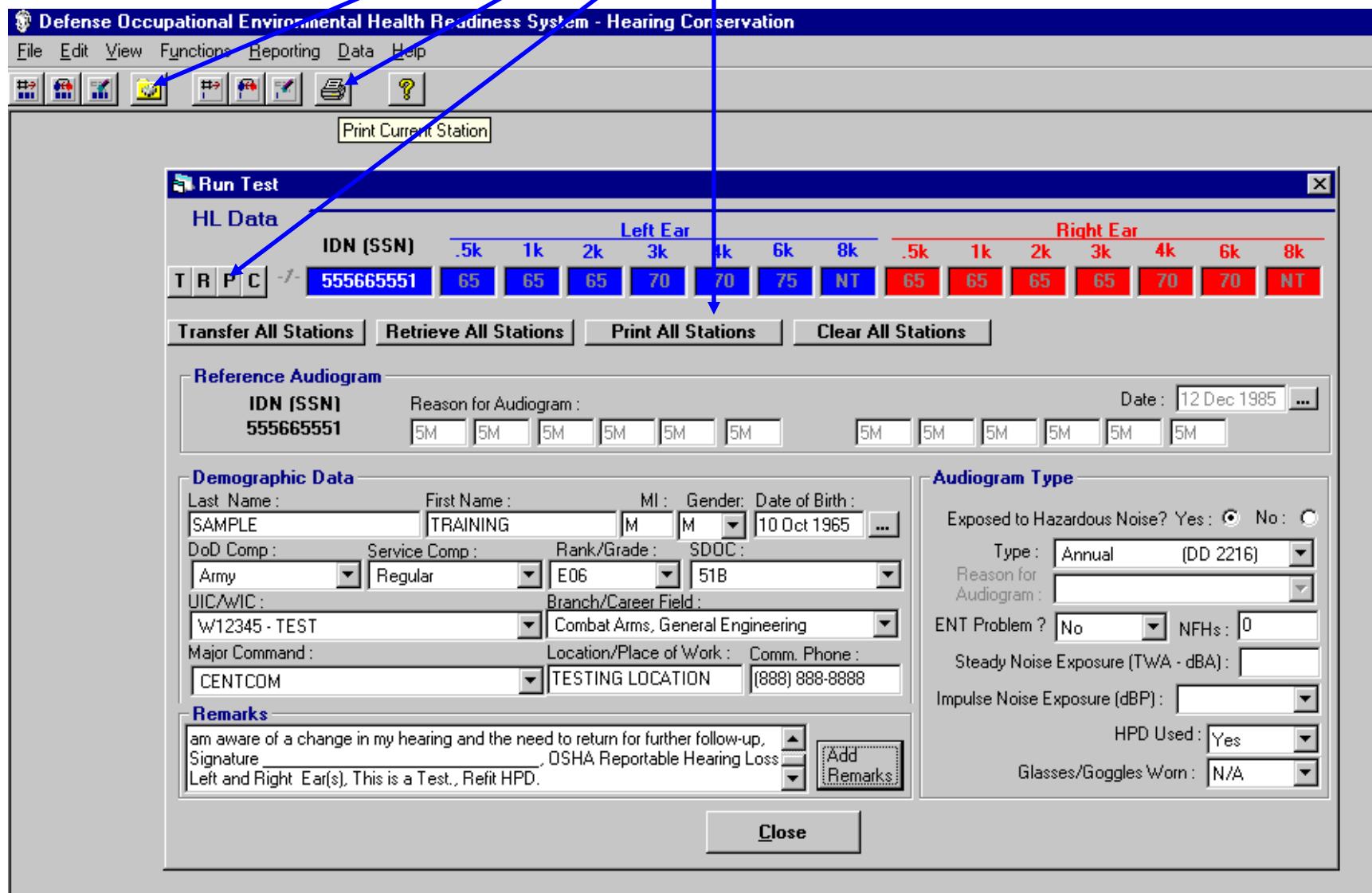
Impulse Noise Exposure (dBPP) :

HPD Used: Yes

Glasses/Goggles Worn: N/A

Close

Print the Test Using One of the Applicable Buttons or the File Menu



If Print Preview is Turned On, the Test Appears on the Screen

Defense Occupational Environmental Health Readiness System - Hearing Conservation - [DD2215.rpt]

File Edit View Functions Reporting Data Help

Preview

100% 1 of 1

REFERENCE AUDIOTGRAM
(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)

2. DOD COMPONENT		3. SERVICE COMPONENT		1. ZIP CODE APO/FPO/PAS									
F	A - ARMY N - NAVY	F - AIR FORCE M - MARINE CORPS	1 - OTHER	1	R - REGULAR V - RESERVE	G - NATIONAL GUARD 1 - OTHER							
4. SOCIAL SECURITY NUMBER 000000027		5. NAME FHUNDREDTEN. OHTWO		6. DATE OF BIRTH 28 Feb 1947		7. SEX M - MALE F - FEMALE							
8. PAY GRADE UNIFORMED SERVICES 1111	9. PAY GRADE CIVILIAN 1111	10. SERVICE DUTY OCCUPATION CODE 5707	11. MAILING ADDRESS OF ASSIGNMENT WORKPLACE ANYWHERE			12. LOCATION - PLACE OF WORK 0121-FAFL-105A	13. MAJOR COMMAND NGM	14. DUTY TELEPHONE (<u>)</u> <u>-</u> <u>-</u>	(Include area code)				
AUDIOMETRY													
15. REASON FOR CONDUCTING AUDIOTGRAM													
1	1 - REFERENCE ESTABLISHED PRIOR TO INITIAL DUTY IN HAZARDOUS NOISE AREAS			2 - REFERENCE ESTABLISHED FOLLOWING EXPOSURE IN NOISE DUTIES			3 - REFERENCE RE-ESTABLISHED AFTER FOLLOW-UP PROGRAM						
16. AUDIOLOGIC DATA RE: ANSI S3.6-1996		LEFT						RIGHT					
		500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
17. DATE OF AUDIOTGRAM 02 Oct 1995		90M	90M	95M	95M	0M	0M	85M	90M	95M	95M	0M	0M
18. MEETS REFERRAL CRITERIA 1 - NO N/A 2 - YES		19. MILITARY TIME OF DAY 11:11		20. HOURS SINCE LAST NOISE EXPOSURE 15		21. EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST			1 - NO 1 2 - YES 3 - UNKNOWN				
22. EXAMINER													
a. NAME CIVTESTER, TWO				b. TRAINING CERTIFICATION NUMBER 901222			c. SERVICE DUTY OCCUPATION CODE 0601		d. OFFICE SYMBOL 78788				
23. AUDIOMETER													
a. TYPE 1 - MANUAL 2 - SELF-RECORDING 3 - MICROPROCESSOR 3		b. MODEL 99		c. MANUFACTURER AUD		d. SERIAL NUMBER 2222		e. LAST ELECTROACOUSTIC CALIBRATION DATE 01 January 1995					
24. PERSONAL HEARING PROTECTION													
a. TYPE ISSUED 1 - SINGLE FLANGE (VS1R) 2 - TRIPLE FLANGE		b. SIZE EARPLUGS L R 1-XS 4-L - - 2-S 5-XL		c. DOUBLE PROTECTION USED 1 - NO		d. GLASSES WORN 1 - NO		e. FREQUENCY GLASSES WORN 1 - ALWAYS 2 - SOMETIMES					
f. OTHER													

Click the Printer Button and then Click OK to Print the Test

Defense Occupational Environmental Health Readiness System - Hearing Conservation - [DD2215.rpt]

File Edit View Functions Reporting Data Help

Preview |

234234234

REFERENCE AUDIOGRAM
(This form is subject to the Privacy Act of 1974 - use Blanket PAS - DD Form 2005)

1. ZIP CODE APO/FPO/PAS
21010

2. DOD COMPONENT
A - ARMY
F - AIR FORCE
1 - OTHER
N - NAVY
M - MARINE CORPS
R - REGULAR
G - NATIONAL GUARD
V - RESERVE
1 - OTHER

3. SERVICE COMPONENT

4. SOCIAL SECURITY NUMBER
234234234

5. NAME (Last, First, Middle Initial)
DUCK, DAFFY

6. DATE OF BIRTH
02 May 1977

7. SEX
M - MALE
F - FEMALE

8. PAY GRADE
UNIFORMED SERVICES
E04

9. PAY GRADE
CIVILIAN

10. SERVICE DUTY
OCCUPATION CODE
11. MAILING ADDRESS OF ASSIGNMENT
11050 MT RIFLE DR FT DRUM NY 13602

12. LOCATION - PLACE OF WORK
MCID-CTMC

13. DUTY TELEPHONE
(____) ____-____

14. DUTY TELEPHONE
(____) ____-____

15. REASON FOR CONDUCTING
1 - REFER DUTY IN

16. AUDIOMETRIC DATA
RE: ANSI S3.6-1996

17. DATE OF AUDIOGRAM
25 Apr 2002

18. MEETS REFERRAL CRITERIA
1 - NO
2 - YES

19. MILITARY TIME OF DAY
(Optional)
12:02

20. HOURS SINCE LAST
NOISE EXPOSURE
14

21. EAR, NOSE, AND THROAT PROBLEM AT TIME OF TEST
1 - NO
2 - YES
3 - UNKNOWN

22. EXAMINER
a. NAME (Last, First, Middle Initial)
FUDD, ELMER

b. TRAINING CERTIFICATION NUMBER
020001A

c. SERVICE DUTY OCCUPATION CODE
02D

d. OFFICE SYMBOL
HC

23. AUDIOMETER

a. TYPE
1 - MANUAL
2 - SELF-RECORDING (Automatic)
3 - MICROPROCESSOR
3

b. MODEL
CCA-200

c. MANUFACTURER
MAICO Inc.

d. SERIAL NUMBER
20150

e. LAST ELECTROACOUSTIC
CALIBRATION DATE
17 July 2001

24. PERSONAL HEARING PROTECTION

a. TYPE ISSUED
1 - SINGLE FLANGE (SIR)
5 - NOISE MUFFS

b. SIZE EARPLUGS

c. DOUBLE PROTECTION
USED

d. GLASSES WORN

e. FREQUENCY GLASSES
USED

Print
Printer: System Printer (HP LaserJet 1100)
OK Cancel
Print Range
All Pages
From: 1 To: _____
Copies: 1 Collate Copies



Complete a DD 2215 Reference Audiogram



Complete a Baseline Audiogram for Each Student

- Enter and Save Your Demographic Data
- Enter and Save a New UIC/WIC:
 - UIC = **WYN03B**
 - DoD Component = **A**
 - Unit Name = **Detachment 1**
 - Address = **Home Plate**
 - City = **Anywhere**
 - State = **MD**
 - Zip Code = **21111**
- Test Type = **Reference**
- Reason for Audiogram = 2 “**Following Noise Exposure**”
- Steady Noise = **95** Impulse Noise = **120-140**
- HPD Issued = **Earplugs, Triple-Flange**
 - **Medium**, Right Ear, **Large**, Left Ear
- Type of Double Protection Used = **Helmet**